

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 01/29/02.
 - b. The request was received on 06/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/02/02. The insurance carrier did not submit an initial response or a response to the additional information. The "No Information Found In Case File" sheet is reflected in Exhibit II of the Commission's Case File.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/17/02
"This letter is requesting your assistance in receiving compensation for services provided to (Claimant). (Claimant) received rehabilitation in the work hardening program offered by (Provider). The charges in this claim are based on the TWCC fee guidelines. These services should be reimbursed as they were medically necessary and ordered by the Treating Physician. These services were billed correctly according to TWCC fee guidelines. Finally, (Auditing Company) is in direct violation of rule # 133.300, which requires not less than 50% of payment within 45 days and TWCC rule # 134.803, which provides for an interest payment. 97750- Functional Capacity Exam D.O.S. 01-29-02 Total Amount Due 500.00."
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only date of service eligible for review is 01/29/02.
2. Per the provider's TWCC-60, the amount billed is \$500.00; the amount paid is \$200.00; the amount in dispute is \$300.00.
3. The carrier denied the billed services by code, "850-003 – CHARGE WILL BE RECONSIDERED UPON RECEIPT OF REPORT/DOCUMENTATION."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
01/29/02	97750-FC	\$500.00	\$200.00	Need for further documentation	\$100.00 per hour for max. of 5 hours (\$500.00) for initial test and 2 hours (\$200.00) for interim or discharge test.	MFG MGR (I) (E) (2) (a), (b); CPT descriptor	On a referral form letter dated 01/24/02 signed by the treating physician, there is a check mark by the slot "FCE". Hand written next to the checked slot is "5 hr 1 st " which is the only reference that this FCE is an initial test. The medical documentation does include the start and stop time of the evaluation, but last lacks summaries reports for each FCE element. The provider failed to address the FCE element of (I) (E) (2) (b) (i), therefore, additional reimbursement is not recommended.
Totals		\$500.00	\$200.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 19th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm